

CH

08 C 3202

EXHIBITS

FILED

JUL 2 2008 aew  
Jul 2 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Order

CCG N002-300M-2/24/05 ( )

## IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

State of Illinois

v.

{

08CV3202  
Judge KennedyNo. 04 CR 23279Bobby Lee Harrison**ORDER**

IT IS THE ORDER OF THIS HONORABLE COURT THAT

The defendant be taken to see the eye doctor at Cermack Hospital while housed in the custody of the Cook County Department of Corrections so that the defendant can receive a new pair of prescription Eye glasses.

Atty. No.: 30295Name: Shari Glaffney, APD as standby counselAtty. for: Bobby HarrisonAddress: 16501 S. KedzieCity/State/Zip: Markham, IL 60426Telephone: (708) 210 4360

ENTERED:

Dated: February 25, 2008

Judge

Judge's No.  
1132

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Order

CCG N002-300M-2/24/05 ( )

## IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

State of Illinois

v.

No. 04 CR 23279

Bobby Lee Harrison

**ORDER**

IT IS THE ORDER OF THIS HONORABLE COURT THAT

The defendant be taken to see the eye doctor at Cermack Hospital while housed in the custody of the Cook County Department of Corrections so that the defendant can receive a new pair of prescription eye glasses.

Atty. No.: 30295Name: Shari Gaffney, APD as standby counselAtty. for: Bobby HarrisonAddress: 16501 S. KeezneCity/State/Zip: Markham, IL 60426Telephone: (708) 210 4360

ENTERED:

Dated: February 25, 2008

Judge

Judge's No.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

**Order**

CCG N002-300M-2/24/05 ( )

## IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

State of Illinois }  
 v.  
Bobby Lee Harrison }

No. 04 CR 23279

**ORDER**

IT IS THE ORDER OF THIS HONORABLE COURT THAT

The defendant be taken to see the eye doctor at Cermack Hospital while housed in the custody of the Cook County Department of Corrections so that the defendant can receive a new pair of prescription eye glasses.



Atty. No.: 30295

Name: Shari G/Haney, APD as Standby Counsel

Atty. for: Bobby Harrison

Address: 14501 S. Kedzie

City/State/Zip: Markham, IL 60426

Telephone: (708) 210 4360

ENTERED:

Dated: February 25, 2008

Judge

Judge's No.

123

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Order

CCG N002-300M-2/24/05 ( )

## IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

People of the State of Illinois

v.

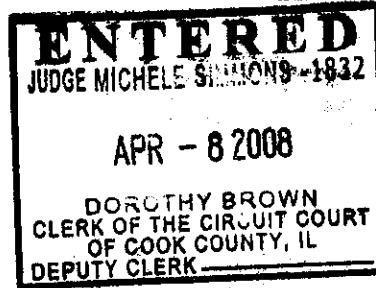
Bobbie Harrison

{

OBCV3202  
Judge KennedyNo. 04 CR 2379 OI

## ORDER

This court, having jurisdiction over the above captioned matter, hereby orders that Cermack Hospital shall provide the defendant with an eye examination and corrective lenses as needed, to address his report of failing eyesight.

Atty. No.: 30295Name: Nadine WilliamsAtty. for: Bobbie HarrisonAddress: 16501 S. KedzieCity/State/Zip: Markham ILTelephone: (708) 212-4360

ENTERED:

Dated: 4/8/08, 08

Judge

Judge's No.  
112

Order

CCG N002-300M-2/24/05 ( )

## IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

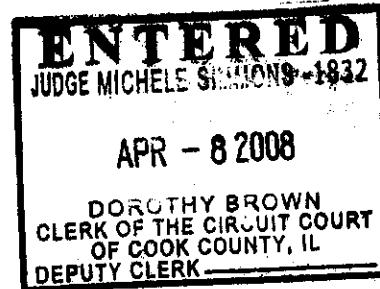
People of the State of Illinois

v.

Bobbie HarrisonNo. 04 CR 2379 OI

## ORDER

This court, having jurisdiction over the above captioned matter, hereby orders that Cermack Hospital shall provide the defendant with an eye examination and corrective lenses as needed, to address his report of failing eyesight.

Atty. No.: 30295Name: Nadine WilliamsAtty. for: Bobbie HarrisonAddress: 16501 S. KedzieCity/State/Zip: Markham ILTelephone: (708) 212-4360

ENTERED:

Dated: 4/8/08

Judge

Judge's No. 1132

Order

CCG N002-300M-2/24/05 ( )

## IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

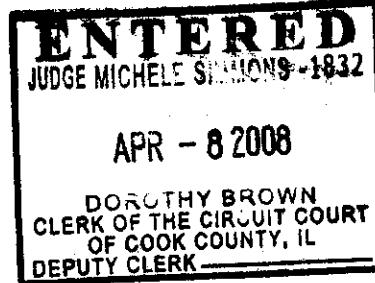
People of the State of Illinois

v.

Bobbie HarrismNo. 04 CR 237901

## ORDER

This court, having jurisdiction over the above captioned matter, hereby orders that Cermack Hospital shall provide the defendant with an eye examination and corrective lenses as needed, to address his report of failing eyesight.

Atty. No.: 30295Name: Nadine WilliamsAtty. for: Bobbie HarrismAddress: 16501 S. KedzieCity/State/Zip: Markham ILTelephone: (708) 212-4360

ENTERED:

Dated: 4/8/08

Michele M. Simmons  
Judge

Judge's No. 1132

Ms. MiAngel Robinson-Cody  
Schiff Hardin LLP  
6600 Sears Tower  
Chicago, Illinois 60606

February 24-2009.

Mr. Bobby Lee Harrison  
I.D. 2004 0072 892  
Div. 10 - 2C  
P.O. Box 089002  
Chicago Illinois 60608

Case #. 04CV3202

Dear Ms. Robinson-Cody, I hope you all are well.

My last conversation with you was on the phone Thursday 21, 2008. You reminded me about a phone conference set for March 4, 2008. to talk with the Judge. I look forward for the conference, I assume we will be speaking from the jail.

About my case 1:07-cv-00300 I am willing to go to trial on this case. The truth to be told, I feel it's will be the only adequate measure in solved this case. However, we talked on the phone about this issue. I explained to you about Dr. Dunlap. As you already know she denied me further treatments. The lady is rude and unprofessional. I told about you about she being investigating by this CerMak guy name.... as I was I don't recall his name. Anyway this lady is unreasonable. She gave me an quick examination and kicking me out of her office. I'm not the only one complaining about this lady. the whole jail do. The County jail is the only place she allowed to work at. I tryed to find out the Division 8 R.T.U. dispensary doctor name, but was unable to get it. I'll check with the social worker. Nevertheless, it's hard to get any information in here.

Ms. Robinson, you asked me what I want to do? I want this case set for trial. I know it a lot of work in taking any Civil Right case to trial, but some cases need to go. So, we will need to get together for Amending the Complaint to add other defendant, etc.

I go to Criminal Court in the morning, which is the 25. I will attempt to call you in a few days. I need for you to make me some photocopies of the grievances I have included 21 grievances. Send me the 21 pink copies back along with a extra copy of each of the 21 grievances. I need these copies, the law library don't give extra copies.

Thank you for your time. I look forward in talking to you in a few days.

Note: It 29 pink copies  
and 1 white copy.

Sincerely,  
Bobby Harrison

Part-A / Control #: 2006 X 1500Referred To: Supt of Div/

# COOK COUNTY DEPARTMENT OF CORRECTIONS

## DETAINEE GRIEVANCE

Detainee Last Name: Harrison First Name: BobbyID #: 2004 0072842 Div.: 1 Living Unit: G2 Date: 12/12/06

**BRIEF SUMMARY OF THE COMPLAINT:** We detainees are concerned about the use of used razors that are being passed out by the third shift officers. Last Wednesday (12-13-06) Officer Tuzin passed out used razors. When the detainees reminded him that the razors were used he looked at them and stated "they do have hair in them and you all can give them back. Some detainees kept their razors and some did not. Used razors that have been passed out has been going on for a long while and not only this division but others too. This here is really a life threatening situation because you can catch all type of diseases from used razors. If the supervisors bring the razors to the officers then they are responsible for this mishap. Witnesses list below:

Name and ID #: Name ID: AmilCAR Rodriguez # 20050038475  
 Name and ID #: Name ID: J. Mirenda 20060089568 Name ID: A. F. # 200600911378  
 Name and ID #: Name ID: Frank Pachekanu # 20060089568 Name ID: J. Mirenda # 200600911378  
 Name and ID #: Name ID: Terrance Shan 2005W037416 Name ID: Maria S. Mireza # 200600911378  
 Name and ID #: Name ID: Calvin Austin 2005 0081375 Name ID: Calvin Austin # 2005 0081375  
 Name and ID #: Name ID: Charles Ester 20060010102 Name ID: Charles Ester # 20060010102

**NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:**

Name and ID #: \_\_\_\_\_

Name ID: \_\_\_\_\_

Name ID: \_\_\_\_\_

Name and ID #: \_\_\_\_\_

Name and ID #: \_\_\_\_\_

**ACTION THAT YOU ARE REQUESTING:**Please do no pass out used razors any more.**DETAINEE SIGNATURE:** Bobby Lee Harrison**C.R.W.'S SIGNATURE:** T. Hain**DATE C.R.W. RECEIVED:** 12/21/06

**Please note:** Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.  
 All appeals must be made in writing and directly submitted to the Superintendent.

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE\*

Detainee's Last Name: Harrison First Name: Bobby ID# 2004-0072892

Is This Grievance An Emergency? YES  NO

C.R.W.'S Summary Of The Complaint: Detainee alleges been denied his medication

C.R.W. Referred Griev. To: Cermak Date Referred: 03/10/08

Response Statement:

Preferred to Patient Care Services

G Smith J Smith Date: 3/12/08 Div./Dept. CHS  
(print - name of individual responding to this griev.) (signature of individual responding to this griev.)

D Andrews S Mollon Date: 3/14/08 Div./Dept. 10  
(print - name of Supt., Designee / Dept. Admin.) (signature of Supt., Designee / Dept. Admin.)

Mallon  Date: 3/12/08  
(print - name of Prog. Serv. Admin./ Asst. Admin.) (signature of Prog. Serv. Admin./ Asst. Admin.)

Date Detainee Received Response: 3/17/08 Detainee Signature: Bobby Harrison

REQUEST FOR AN APPEAL

\*APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE\*

Date Detainee Request For An Appeal: 3/17/08

Detainee's Basis For An Appeal: I been back in div. 1 around 5 months I usual go to the Lawlibrary once a week, and the never medicate me around 4 time in 5 months, and my last court date Feb 22 wasnt medicate, please can I get my med.

Appeal Board's Acceptance Of Detainee's Request: YES  NO

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Appeal Board's Signatures / Dates:

Date Detainee Rec'd the Appl. Bd.'s Response:       /      /       Detainee Signature: \_\_\_\_\_

GRIEVANCE CODE(S): (      ) (      ) (      ) (      )

DEAR Ms. Carroll, this is about the Socialworker Mr. Morales. This guy is ridiculous. He have been our Socialworker for 2-C Tier for around 2 months, and has not made an adequate measure in assisting detainees on 2-C Tier. He has only passed out postages on a few occasions. He will barely talk to the detainees when he come on the tier. The grievances we turned into him, he never return all of them I've turned "Several grievance to Mr. Morales around a month ago, and I still have not received all of my Copies back. For example, around January 19, 2008 Mr Morales, called me down stairs to his office to let me signed an appeal for the Dental. I asked Mr. Morales, what happen to the other grievances I gave him, the one about the shade-down, etc? He start looked through his drawer, and determined that none of the grievances have been processed. He said I'll take care of it. Today, is February 10, 2008 and I still have not received those Copies. The detainees on 2-C Tier have not received their Copies either. I sent you a letter, and a grievance filed against Mr Morales, with around 35 signatures, around 3 weeks ago, asked you to address this issue, to process the grievance, and to return a copy of the grievance and letter back to me. We have not heard from you. This is a serious matter and we expect for you to support this issue. Mr Morales, told detainee Terry Brown, that he was afraid to come on 2-C deck, because he was threaten by a detainee. We know that Mr. Morales made up that excuse, to not to come on the deck. Ms Carroll, the detainees is always locked-up in their cells, when Mr. Morales come on the deck. We detainees have a Constitutional right of access to adequate assistance from a Socialworker. Not only have Mr Morales, violated the detainees rights, he have also violated his duty under the Constitutional standards for not giving meaningful and effective assistance. On Feb 11, 08 I spoke to Mr. Morales, again in his office. I asked what happen to the grievance I filed about the detainees d blood? He <sup>said</sup> him, I don't know. N ID.

N. Brian Buchanan	ID 20060004248	N. Reginald S. Lane	ID, 20070022007
N. Shaydell Roberson	ID 200600075947	N. Roger Williams	ID, 20050017090
N. Elliot Brown	ID 20070071910	N. David TURNER	ID, 20080001259
N. Sean Gill	ID 20070033236	N. 6/11/08 McKinney	ID, 20060060092
N. Michael Clark	ID 20060031632	N. Terrell J. Rogers	ID, 20050028027
N. Queen Lee	ID 20060074474	N. M. (W) Lee	ID, 20050090113
N. Marvin Powell	ID 20060093725N.	Bobby J. Harrison	ID, 20040072892
N. Robert Cooper	ID 2007006148C	N.	ID,
N. Andre Patterson	ID 2006-0047297	N.	ID,
N. Tracy Williams	ID 20060090044	N.	ID,
N. Charles Hill	ID 20050084868	N.	ID,
N. Jose Romero	ID 200300092847	N.	ID,
N. Timothy Smith	ID 20070086553	N.	ID,
N. Rafael Lira	ID 20060072167	N.	ID,

signature Bobby Lee Harrison 20040072892

Referred To: Supt Div-1

COOK COUNTY DEPARTMENT OF CORRECTIONS  
DETAINEE GRIEVANCE

Detainee Last Name: HARRISON First Name: Bobby  
 ID # 20040072892 Div. i Living Unit G-2 Date June 24 2007

is pertaining to an incident that happened on G-2 tier  
 Wednesday morning between 9:30 and 10 A.M. June 20, 2007. It's was an Confrontation  
 between the detainees. One of the detainee Sustained a serious head injury. Blood  
 were left all over the hall-way. The day shift officer Ms. Costillo, Called for 10-10. There was  
 a lot of officers rush to the scene, along with 4 to 5 Supervisors and the Superintendent Salazar. Superintendent Salazar conducted the investigation, and Sgt. Taylor, Con-  
 ducted the Strip-Search. He made all of the detainees get against the walls and Strip butt-naked  
 twice, Shout and Coughs. After the Searches was finished, Sgt. Taylor, ordered the detainees  
 to pick up their shoes and walk through the blood bare-foot to their cells. When I got back  
 to my cell, I noticed blood stain on my sock. The G-2 tier was put on lock-down for the rest  
 of the day. The next morning around 8: A.M. June 21, 2007 the high side were let out of their  
 cells. I was called to the hallway around 8:15 AM. And when I returned around 11:30 A.M. I  
 Noticed the blood was still on the floor in the hall-way in front of the cells, and some of the  
 detainees on the high side was tracking back and forward through the blood. I realized this is  
 a medical deck and people is on phy. medication. I walk up to the inter-lock and spoke to  
 Officer Rule, who was working there. I asked Officer Rule for some Cleaning gear to clean  
 the blood up in the hall-way? He said "no". I say officer, the blood has been on the floor every  
 since yesterday, and that the detainees were tracking through it, and we may catch some  
 diseases from the blood. Officer Rule said yeah! <sup>I was</sup> to agree with you, but ~~was~~ authorized  
 by the Superintendent not to give out any Cleaning gear. I told my Celly TrzeciaK, what  
 Officer Rule said. TrzeciaK said I've already Spoke to officer Costillo, earlier pertaining to the  
 Cleaning gear, and she said that we were on bones, and that the Superintendent Salazar  
 told her that we couldn't get anything to clean up with. I noticed when we locked down at  
 noon on June 21, 2007 the blood were still on the floor in the hall-way. I've also noticed  
 that this place is infested, with insects, rats, and mice and they also tracks through the  
 blood as well, I assumed. Nevertheless, they carries diseases throughout the jail, and at  
 night the insects, mice, and rats crawling over our commissary, etc. The County has  
 failed to clean up contaminated blood, and failure to regularly provide the detainees  
 with protecting gear to help up the blood as well. I am concern about our health.  
 (What Staff know about this incident). The ones who did the shake-down & the tier officers  
 Sept. Salazar, Sgt. Taylor, officer Rule, officer Costillo.

Detainees is witnesses as following: Name: Bushman ID # 20060004243  
 Name: Bon Williams ID # 20030004338 Name: Charles Timmon ID # 200600012341  
 Name: Charles Estes ID # 20060001002 Name: Emilia Rodriguez ID # 20050038425  
 Name: Joseph TrzeciaK ID # 20060012928 Name: James Hardner ID # 20040053384  
 Name: James Hardner ID # 20040053384 Name: James Hardner ID # 20040053384  
 that are you requesting. To go to ~~Certified~~ Health services to be check-out to make sure that I didn't  
 get anything from the infected blood, and that Sgt. Taylor, and Superintendent Salazar be put on re-  
 viction for their negligence.

R.W. Signature Sgt. W. R. Harrison Date 6/28/07  
 R.W. Signature Sgt. W. R. Harrison Date 6/28/07

NOTE: I noticed upon today June 24, 2007 after the clean up there is still blood on

DETAINEE COPY

**C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE****\*EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE\***Detainee's Last Name: Harrison First Name: Bobby ID# 2004-0072892Is This Grievance An Emergency? YES  NO C.R.W.'S Summary Of The Complaint: Detainee alleges unhealthy living unit conditions -C.R.W. Referred Griev. To: Supt Div-1 Date Referred: 6/29/07

Response Statement:

Living Unit Dayroom floor was clean & treated  
BY THE END OF 7:3 SHIFTJ.B. Salazar

(print - name of individual responding to this griev.)

Supt Staff 31

(signature of individual responding to this griev.)

Date: 6/29/07 Div./Dept. FJ.B. Salazar

(print - name of Supt. / Designee / Dept. Admin.)

Supt Staff

(signature of Supt. / Designee / Dept. Admin.)

Date: 6/29/07 Div./Dept. IJ. Muell

(print - name of Prog. Serv. Admin./ Asst. Admin.)

J. Muell

(signature of Prog. Serv. Admin./ Asst. Admin.)

Date: 6/29/07

Date Detainee Received Response:

6/29/07 Detainee Signature: Bobby Harrison**REQUEST FOR AN APPEAL****\*APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE\***Date Detainee Request For An Appeal: 6/29/07Detainee's Basis For An Appeal: The Hall-way wasn't clean-up until the next day June 21, 07 after we got lock up around 12 noon I got blood on my foot, because the Sgt. make us walk through it  
James Gorder is the one who Clean't up  
Appeal Board's Acceptance Of Detainee's Request: YES  NO  his ID. is 2004-0072892

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Living Unit was cleaned - Detainee can address health concern with a request to CHS

Appeal Board's Signatures / Dates:

L.D. 2 7-10-07 J.MuellerDate Detainee Rec.'d the Appl. Bd.'s Response: 7/11/07 Detainee Signature: Bobby Harrison

GRIEVANCE CODE(S): ( ) ( ) ( ) ( )

**C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE**

\*EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE\*

Detainee's Last Name: Harrison First Name: Bobby ID# 2004-0072892

Is This Grievance An Emergency? YES  NO

C.R.W.'S Summary Of The Complaint: Detainee alleges been denied his medication

C.R.W. Referred Griev. To: Cermak Date Referred: 03/10/08

Response Statement:

Preferred to Patient Care Services

C Smith J Smith Date: 3/12/08 Div./Dept. CNS

(print - name of individual responding to this griev.) (signature of individual responding to this griev.)

D Andrews S. Miller Date: 3/14/08 Div./Dept. 10

(print - name of Supt. / Designee / Dept. Admin.) (signature of Supt. / Designee / Dept. Admin.)

Walters  Date: 3/12/08

(print - name of Prog. Serv. Admin./ Asst. Admin.) (signature of Prog. Serv. Admin./ Asst. Admin.)

Date Detainee Received Response: 3/17/08 Detainee Signature: Bobby Harrison

**REQUEST FOR AN APPEAL**

\*APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE\*

Date Detainee Request For An Appeal: 3/17/08

Detainee's Basis For An Appeal: I been back in div. 1 around 5 months I usual go to the Lawlibrary once a week, and the never medicate me around 4 time in 5 months, and my last court date Feb 22 wasnt predicate, please can I get my med.  
Appeal Board's Acceptance Of Detainee's Request: YES  NO

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Appeal Board's Signatures / Dates:

Date Detainee Rec'd the Appl. Bd.'s Response: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Detainee Signature: \_\_\_\_\_

GRIEVANCE CODE(S): (\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_)



Cermak Health Services of Cook County  
2800 S. California Avenue  
Chicago, IL 60608

### DETAINEE HEALTH SERVICE REQUEST FORM

Mark box  on the left of answers or print in space provided.

Side 1 - English

Name: Bobby Harrison Today's Date: March 28 08

ID #: 2004 -- 0072892 Division: 10 Tier: 2-C Birth Date: 12-25-52  
(Booking Year) (Number)

**FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.**

I want information about HIV / AIDS

Describe your problem: I was sent to President hospital in the first week in January, 2008 to get an Lower GI to Check my Colon. The Doctor wasn't there. I was rescheduled for the following week. Today is March 28, 2008 I haven't been back yet. I noticed blood in my stool on several occasions. Could I please get back to the hospital to get my Colon Check. it had around 2 years before it was checked and I was prescribed medicine for my problem.  
How long have you had this problem? 8 days / weeks / months (circle one)

Next Court Date:

### **HISTORY DO NOT WRITE BELOW THIS LINE**

Referred to:  Medical  Dental  Mental Health  Health Educator  DOC Date:

Initial Provider Note: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Secondary Disposition: (as indicated): Recommended Follow-up:  Sick Call  PRN

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Appointment Scheduler:

Appointment Date: \_\_\_\_\_



Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

PATIENT LABEL



Cermak Health Services of Cook County  
2800 S. California Avenue  
Chicago, IL 60608

### DETAINEE HEALTH SERVICE REQUEST FORM

Mark box  on the left of answers or print in space provided.

Side 1 - English

Name: J. H. Jarrim Today's Date: 1-27-07

ID #: 2004 - 0072912 Division: 10 Tier: 2-C Birth Date: 12-26-52  
(Booking Year) (Number)

**FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.**

I want information about HIV / AIDS

Describe your problem: I need to see a doctor for my back problem. I can barely bent over

How long have you had this problem? 2 days / weeks / months (circle one)  
Next Court Date:

**!!!STOP!!! DO NOT WRITE BELOW THIS LINE**

Referred to:  Medical  Dental  Mental Health  Health Educator  DOC Date:

Initial Provider Note:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Secondary Disposition: (as indicated): Recommended Follow-up:  Sick Call  PRN

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Appointment Scheduler:

Appointment Date: \_\_\_\_\_



Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

PATIENT LABEL



Cermak Health Services of Cook County  
2800 S. California Avenue  
Chicago, IL 60608

### DETAINEE HEALTH SERVICE REQUEST FORM

Mark box  on the left of answers or print in space provided.

Side 1 - English

Name: Bobby Harrison

Today's Date: 1-26-07

ID #: 2004 - 0072892 Division: 16 Tier: 2C Birth Date: 12-25-52  
(Booking Year) (Number)

**FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.**

I want information about HIV / AIDS

Describe your problem: I been having Servios head aches for around a month , dizzyness can I please See a doctor

How long have you had this problem? 1 days / weeks / months (circle one)  
Next Court Date:

**!!STOP!! DO NOT WRITE BELOW THIS LINE**

Referred to:  Medical  Dental  Mental Health  Health Educator  DOC Date:

Initial Provider Note: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Secondary Disposition: (as indicated): Recommended Follow-up:  Sick Call  PRN

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Appointment Scheduler:

Appointment Date: \_\_\_\_\_



Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

PATIENT LABEL



Cermak Health Services of Cook County  
2800 S. California Avenue  
Chicago, IL 60608

### DETAINEE HEALTH SERVICE REQUEST FORM

Mark box  on the left of answers or print in space provided.

Side 1 - English

Name: Bobby Lee Harrison Today's Date: 3-10-08

ID #: 2 L A 4 - 0 0722892 Division: 10 Tier: 2C Birth Date: 12-26-55  
 (Booking Year) (Number)

**FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.**

I want information about HIV / AIDS

Describe your problem: I went to the Dentist around 3 weeks ago, pretaining to infection tooth and bleeding Gums. The Dentist Say I have build-up what caused my gums to bleeds. I asked the Dentist about Cleaning my teeth, he denied it. He Said the Courtey don't Clean teeths. I need my teeth Clean, because this bleeding can resulted into gum disease. Please Can I get my teeth clean? Thank you.

How long have you had this problem? \_\_\_\_\_ days / weeks / months (circle one)

Next Court Date:

**STOP! DO NOT WRITE BELOW THIS LINE.**

Referred to:  Medical  Dental  Mental Health  Health Educator  DOC Date:

Initial Provider Note: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature>Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Secondary Disposition: (as indicated): Recommended Follow-up:  Sick Call  PRN

Signature>Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Appointment Scheduler:

Appointment Date: \_\_\_\_\_



Signature>Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

PATIENT LABEL



Cermak Health Services of Cook County  
2800 S. California Avenue  
Chicago, IL 60608

## DETAINEE HEALTH SERVICE REQUEST FORM

Mark box  on the left of answers or print in space provided.

Side 1 - English

Name: Bobby Harrison Today's Date: Jan. 21, 07

ID #: 2004-0072992 Division: 10 Tier: 2-C Birth Date: 12-26-52  
 (Booking Year) (Number)

**FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.**

I want information about HIV / AIDS

Describe your problem: I made a request around October 2006 about my cells having the T.B. Mr. Adenat got blood on my milk and other staff in the room. Mr. Robert Adenat admitted that he used to have T.B. and they didn't give him a T.B. Test until he came in on the next. I think I may have been contracted to this disease. I demand a T.B. Test. Nurse Price & Nurse Gates have denied me a test.  
 How long have you had this problem? 8 days / weeks / months (circle one)  
 Next Court Date:

**HISTOPHII DO NOT WRITE BELOW THIS LINE**

Referred to:  Medical  Dental  Mental Health  Health Educator  DOC Date:

Initial Provider Note:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Secondary Disposition: (as indicated) Recommended Follow-up:  Sick Call  PRN

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Appointment Scheduler:

Appointment Date: \_\_\_\_\_



Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

PATIENT LABEL



Cermak Health Services of Cook County  
2800 S. California Avenue  
Chicago, IL 60608

### DETAINEE HEALTH SERVICE REQUEST FORM

Mark box  on the left of answers or print in space provided.

Side 1 - English

Name: Bobby Lee Harrison Today's Date: 7-21-2008

ID #: 2004-0022892 Division: 10 Tier: 2-C Birth Date: 12-26-52  
 (Booking Year) (Number)

**FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.**

I want information about HIV / AIDS

Describe your problem: I been having a toothache for over 3 months My gum is infection. I am in serious pain My gums bleeding all the time May I please see a dentist this is an emergency Thank you

How long have you had this problem? Over 3 days / weeks / months (circle one)  
 Next Court Date:

**!!STOP!! DO NOT WRITE BELOW THIS LINE**

Referred to:  Medical  Dental  Mental Health  Health Educator  DOC Date:

**Initial Provider Note:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Secondary Disposition:** (as indicated) Recommended Follow-up:  Sick Call  PRN

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Appointment Scheduler:**

Appointment Date: \_\_\_\_\_



Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

PATIENT LABEL



Cermak Health Services of Cook County  
2800 S. California Avenue  
Chicago, IL 60608

### DETAINEE HEALTH SERVICE REQUEST FORM

Mark box  on the left of answers or print in space provided.

Side 1 - English

Name: Bobby Harrison Today's Date: Jan. 1, 07

ID #: 2004-0072992 Division: 10 Tier: 2-C Birth Date: 12-26-52  
 (Booking Year) (Number)

**FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.**

I want information about HIV / AIDS

Describe your problem: I Can't See, I need to see an ophthalmologist for my eyes. The glasses that was prescribed to me in May 2007, I barely can see out of them. My old pair of bifocal, only have one lens. I shown Dr. Dentape, she denied making me appoint to see the eye-doctor.

How long have you had this problem? 8 days / weeks / months. (circle one)  
 Next Court Date:

**STOP!! DO NOT WRITE BELOW THIS LINE**

Referred to:  Medical  Dental  Mental Health  Health Educator  DOC Date:

Initial Provider Note:

---



---



---



---

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Secondary Disposition: (as indicated): Recommended Follow-up:  Sick Call  PRN

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Appointment Scheduler:

Appointment Date: \_\_\_\_\_



Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

PATIENT LABEL